



Canadian Society of Clinical Neurophysiologists
APPLICATION FOR CSCN EEG EXAMINATION

CONFIRMATION OF EEG TRAINING – COMPETENCY BASED ELIGIBILITY

Candidate Name: _____

Training Director Information

Name: _____ Institution: _____

Address (including Country): _____

Email: _____ Phone: _____

Certification of training in EEG (check one):

CSCN diplomate

Other, provide details: _____

I have reviewed the candidate's logbook and certify that the candidate has interpreted and generated written reports for EEGs as noted below. At least 50% of the total number of recordings must be abnormal.

EEG Recording Type	Minimum #	# Completed	% Abnormal
Adult EEGs (age \geq 18 years)	100 recommended		
Pediatric EEGs (age 1 month – 18 years)	100 recommended		
Neonatal EEGs (age <1 month)	25 recommended		
Intensive Care Unit EEGs (adult or pediatric)	50 recommended		
Total Number of Recordings	400 required		

Training Director Attestation

I hereby certify that the candidate has successfully completed EEG training, is suited to practice clinical EEG and has demonstrated competence in independent interpretation of EEG.

If training is in progress and the total number of required recordings has not yet been achieved, I understand that a revised form will need to be submitted to the CSCN Exam Registrar at least one month prior to the exam date to verify successful completion of training.

Name of Training Director (please print)

Date

Training Director Signature

This form must be emailed by the Training Director directly to eegexam@cnsf.org